Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS74AGZ	A. BUILDING _____ B. WING _____	C 03/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AS TIME GOES BY	**4710 NO CIMARRON ROAD LAS VEGAS, NV 89129**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an complaint investigation initiated on 2/2/10 and concluded on 3/8/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. One resident file was reviewed and six employee files were reviewed. The following deficiencies were identified: Complaint #NV00024163 was substantiated. See Tag Y#920 and Y#923.	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 3/1/10, the facility	Y 105		

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Y 105	Continued From page 1 failed to ensure 6 of 6 employees met background check requirements (Employee #1, #2, #3, #4, #5 and #6). The files for Employee #2, #5 and #6 failed to have evidence of an FBI background check. The file for Employee #3 failed to have evidence of a state or FBI background check. The file for Employee #1 contained a state rejection letter dated 3/19/08 and failed to provide evidence fingerprints were re-submitted. Severity: 2 Scope: 3	Y 105		
Y 108 SS=F	449.200(3) Per File - Storage & Availability NAC 449. 200 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau requests to review the files.	Y 108		

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Y 108	Continued From page 2 This Regulation is not met as evidenced by: Based on record review and interview on 2/24/10, the facility failed to ensure caregiver tuberculosis records and proof of first aid and cardiopulmonary resuscitation training were available for review at all times. Interview with Employee #1 revealed all employee files were offsite and unavailable for review during the complaint investigation. Severity: 2 Scope: 3	Y 108		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.	Y 920		

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Y 920	Continued From page 3 This Regulation is not met as evidenced by: Based on observation on 2/24/10, the facility failed to keep medications for 10 of 10 residents in a locked area. The medications for Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10 were out on a desk in the front room and the medication technician left the medications unattended twice. Severity: 2 Scope: 3	Y 920		
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on observation on 2/24/10, the facility failed to keep medications belonging to 10 of 10 residents in their original container (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). This was a repeat deficiency from the 11/25/09 and 1/26/10 State Licensure surveys. Severity: 2 Scope: 3	Y 923		